

HOUSEHOLD GOODS CAN NOT BE SHIPPED ON WEEKENDS OR HOLIDAYS

PLEASE PRINT CLEARLY AND COMPLETELY

HHG: UB: NTS: :

1. MEMBER IDENTIFICATION

6. GENERAL INFORMATION

LAST NAME:	DO YOU HAVE DEPENDENTS: YES() NO()
FIRST NAME: MI:	ESTIMATED HHG SHIP WEIGHT: Mbr's EST WEIGHT OF PROFESSIONAL GEAR: SPOUSE EST WT OF PRO GEAR:
EMPLID: SSN:	DOES THIS SHIPMENT CONTAIN FURNITURE? YES () NO ()
RATE/RANK: UNIT:	BRANCH OF SERVICE:

2. ORIGIN INFORMATION

7. DESTINATION INFORMATION

PICK UP ADDRESS:	DELIVERY ADDRESS: (City and State req.)
STREET: APT:	STREET:
APT NAME:	
CITY: COUNTY: STATE: ZIP:	CITY: COUNTY: STATE: ZIP:
HOME PHONE: WORK PHONE: EXT:	PHONE CONTACT AT DESTINATION
OTHER AGENT AUTHORIZED TO RELEASE SHIPMENT: NAME /RELATION: Contact Phone:	OTHER AGENT AUTHORIZED TO RECEIVE SHIPMENT: NAME/RELATION: Contact Phone:
DO YOU HAVE A SECOND POINT OF PICKUP? YES () NO ()	
IF YES, STREET ADDRESS: CITY: COUNTRY: STATE: ZIP:	

3. REQ PACK & PICKUP DATES

8. INTRANSIT CONTACT INFO

	STREET:
	CITY
	STATE: ZIP:
Alternate Pick/Up Dates:	Phone Contact: Point of Contact:

4. SHIPMENT CONTAINS THE FOLLOWING: (Please check items that apply)

FIREARMS	WASHER	WATERBED	SWINGSET
MOTORCYCLE	DRYER	HOT TUB	PIANO
BOAT	REFRIGERATOR	CANOE	POOL TABLE
BOAT TRAILER	FREEZER	KAYAK	UNUSUAL ITEMS

Do you want a partial delivery at destination: Yes () No ()

Email Address:

I understand that pack and pickup hours are between 8 AM and 5 PM and that I will be responsible for any attempted pickup charges. I also understand that I am allowed delivery within a 30 mile radius of the city that I have requested my household goods be shipped to.

SIGNATURE OF MEMBER OR AGENT _____ DATE: _____

(Note: Spouse Pro Gear is limited to 500 Lbs)